

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/12/2017  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  POC#1		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445487	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN  B. WING _____		(X3) DATE SURVEY COMPLETED  05/11/2017
NAME OF PROVIDER OR SUPPLIER  THE WATERS OF JOHNSON CITY, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 140 TECHNOLOGY LANE JOHNSON CITY, TN 37604		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 000	INITIAL COMMENTS  A Life Safety Survey was conducted by the State of Tennessee Department of Health Division of Health Licensure and Regulation Office of Health Care Facilities survey on 5/11/17. During this Life Safety Survey, The Waters of Johnson City was found not in substantial compliance with the requirements for participation in Medicare/Medicaid at 42 CFR Subpart 483.70(a), Life Safety from Fire, and the related National Fire Protection Association (NFPA) standard 101 - 2012 edition.	K 000	NFPA 101 COMBUSTIBLE DECORATIONS  The facility will identify combustible decorations will be treated with a flame spread product.	June 23	
K 753 SS=E	NFPA 101 Combustible Decorations  Combustible Decorations Combustible decorations shall be prohibited unless one of the following is met: * Flame retardant or treated with approved fire-retardant coating that is listed and labeled for product. * Decorations meet NFPA 701. * Decorations exhibit heat release less than 100 kilowatts in accordance with NFPA 289. * Decorations, such as photographs, paintings and other art are attached to the walls, ceilings and non-fire-rated doors in accordance with 18.7.5.6 or 19.7.5.6. * The decorations in existing occupancies are in such limited quantities that a hazard of fire is not present. 18.7.5.6, 19.7.5.6 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to identify that combustible decorations have been treated with a flame spread product.  NFPA 101 2012 Ed. 19.7.5.6	K 753	1. The decorations not identified at being treated with a flame spread product in room # 105 #157, #162, #163, #164, #179, #181, and #186 were removed by housekeeping manager and treated with a flame spread product on 5/12/17 2. The Housekeeping Supervisor/Maintenance Director audit the facility for combustible decorations on 5/12/17. No concerns were identified. 3. The Administrator in-serviced the staff on combustible decorations treatment with a flame spread product per NFPA 101 2012 Ed. 19.7.5.6. on 5/12/17.		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

*Procy C. [Signature]* Administrator 5/31/17  
Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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NAME OF PROVIDER OR SUPPLIER  <b>THE WATERS OF JOHNSON CITY, LLC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>140 TECHNOLOGY LANE JOHNSON CITY, TN 37604</b>		
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K 753	Continued From page 1 This deficiency affected 1 of 7 smoke compartments. The census the day of the survey was 72 residents.  Observation and interview with housekeeping manager on 5/11/17 at 2:00 PM revealed decorations on hanging on resident room doors on the corridor side are not identified at being treated with a flame spread product. The following resident rooms were identified as having combustible decorations on the resident room doors: 1. Resident room 157. 2. Resident room 162. 3. Resident room 163. 4. Resident room 164. 5. Resident room 179. 6. Resident room 186. 7. Resident room 181. 8. Resident room 105.  The maintenance director was present when the deficiency was identified and was acknowledged by the administrator during the exit conference on 5/11/17.	K 753	Administrator/Housekeepin g Manager will audit the facility weekly for 4 weeks and then monthly to ensure combustible decorations have been treated with a flame spread product. The Admissions Coordinator will notify housekeeping and maintenance staff of new admissions within 24 hours of admission to ensure any combustible decoration has been treated with a flame spread product. 4. All findings will be reported to QAPI Committee (Administrator, Medical Director, Director of Nursing, Assistant Director of Nursing, Dietary Manager, Housekeeping Supervisor, Medical Records Manager, Social Services Director, Activities Director, Human Resources Clerk, Maintenance Director, Rehab Director, and MDS Coordinator). monthly for review and recommendations until 100% compliance is met.	June 23	
K 923 SS=D	NFPA 101 Gas Equipment - Cylinder and Container Storag  Gas Equipment - Cylinder and Container Storage Greater than or equal to 3,000 cubic feet Storage locations are designed, constructed, and ventilated in accordance with 5.1.3.3.2 and 5.1.3.3.3. >300 but <3,000 cubic feet Storage locations are outdoors in an enclosure or within an enclosed interior space of non- or limited- combustible construction, with door (or gates outdoors) that can be secured. Oxidizing	K 923			

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K 923	<p>Continued From page 2</p> <p>gases are not stored with flammables, and are separated from combustibles by 20 feet (5 feet if sprinklered) or enclosed in a cabinet of noncombustible construction having a minimum 1/2 hr. fire protection rating.</p> <p>Less than or equal to 300 cubic feet</p> <p>In a single smoke compartment, individual cylinders available for immediate use in patient care areas with an aggregate volume of less than or equal to 300 cubic feet are not required to be stored in an enclosure. Cylinders must be handled with precautions as specified in 11.6.2. A precautionary sign readable from 5 feet is on each door or gate of a cylinder storage room, where the sign includes the wording as a minimum "CAUTION: OXIDIZING GAS(ES) STORED WITHIN NO SMOKING."</p> <p>Storage is planned so cylinders are used in order of which they are received from the supplier. Empty cylinders are segregated from full cylinders. When facility employs cylinders with integral pressure gauge, a threshold pressure considered empty is established. Empty cylinders are marked to avoid confusion. Cylinders stored in the open are protected from weather.</p> <p>11.3.1, 11.3.2, 11.3.3, 11.3.4, 11.6.5 (NFPA 99)</p> <p>This STANDARD is not met as evidenced by:</p> <p>Based on observation, the facility failed to provide the correct signage on rooms that are storing oxygen cylinders.</p> <p>NFPA 101 2012 Ed. 19.3.2.4 NFPA 99 2012 Ed. 11.3.4.2</p> <p>The deficiency affected 2 of 7 smoke compartments. The census the day of the survey was 72 residents.</p> <p>Observation on 5/11/17 at 11:45 AM and 1:45 PM</p>	K 923	<p>NFPA 101 GAS EQUIPMENT – CYLINDER AND CONTAINER STORAGE</p> <p>The facility will provide the correct signage on rooms that are storing oxygen cylinders.</p> <ol style="list-style-type: none"> <li>1. The Oxygen Storage room at Nursing Station 1 and 2 had the correct signage per NFPA 101 2012 Ed. 19.3.2.4; NFPA 99 2012 Ed. 11.3.4.2 placed on the door 5/19/17 by Maintenance Director.</li> <li>2. No other room in facility houses gas equipment</li> <li>3. The Administrator in-serviced the Maintenance Director on 5/11/17 on the use of proper signage according to NFPA 101 2012 Ed. 19.3.2.4; NFPA 99 2012 Ed. 11.3.4.2. The Administrator will audit rooms that house gas equipment monthly to ensure compliance. Negative findings will be corrected and education provided as needed.</li> </ol>	June 23	

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**THE WATERS OF JOHNSON CITY, LLC**

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**140 TECHNOLOGY LANE  
JOHNSON CITY, TN 37604**

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K 923	Continued From page 3 revealed the 2 oxygen storage rooms at Nursing Station 1 & 2 are not provided with the correct signage with the minimum wording of "CAUTION: OXIDIZING GAS(ES) STORED WITHIN NO SMOKING".  The maintenance director was present when the deficiency was identified and was acknowledged by the administrator during the exit conference on 5/11/17.	K 923	4. All findings will be reported to QAPI Committee (Administrator, Medical Director, Director of Nursing, Assistant Director of Nursing, Dietary Manager, Housekeeping Supervisor, Medical Records Manager, Social Services Director, Activities Director, Human Resources Clerk, Maintenance Director, Rehab Director, and MDS Coordinator) monthly for review and recommendations until 100% compliance is met.	June 23